

DECLARATION AND POWER OF ATTORNEY

As below-named inventor, I hereby declare that: my residence, post office address, and citizenship are as stated below next to my name; that I believe I am the original, first, and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WIRELESS DEBIT CARD
SYSTEM AND METHOD

the specification filed October 6, 1992, and having serial no. 07/956,851.

I hereby state that I have reviewed and understood the contents of the above-identified application, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application, in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby appoint the following attorney to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

David B. Newman, Jr.

Reg. No. 30,966.

Please address all correspondence to :

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of inventor:

Donald L. Schilling

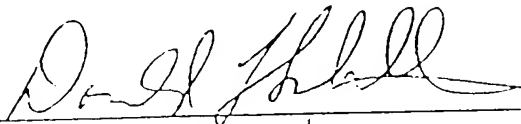
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Citizenship: United States



Date: 11/17/92

Please type a plus sign (+) inside this box → ☐

PTO/SB/82 (11-96)

Approved for use through 6/30/99. OMB 0651-0035

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REVOCATION OF POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	Not Yet Known
Filing Date	Not Yet Known
First Named Inventor	Donald L. Schilling
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known
Attorney Docket Number	I-2-74.4US

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

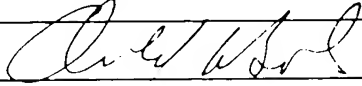
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Volpe and Koenig, P.C. DEPT ICC				
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Country		State		ZIP	
Telephone		Fax			

I am the:

☐ Applicant.☒ Assignee of record of the entire interest as recorded at
Reel 6457/Frame 0674 of priority Patent No. 5,359,182**SIGNATURE of Applicant or Assignee of Record**

Name	Donald M. Boles, Vice President - Intellectual Property
Signature	
Date	6/14/91

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Not Yet Known
Filing Date	Not Yet Known
First Named Inventor	Donald L. Schilling
Title	WIRELESS TELEPHONE DEBIT CARD SYSTEM AND METHOD
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known
Attorney Docket Number	I-2-74.4US

I hereby appoint:

☒ Practitioners at Customer Number

24373

Place Customer
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OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ Firm or
Individual Name

Volpe and Koenig, P.C. DEPT ICC

Address

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City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest as recorded at
Reel 6457/Frame 0674 of priority Patent No. 5,359,182

Signature

Date

NOTE: Signatures of all the inventors and assignees of record of the entire interest in the application must be submitted to the PTO. If the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20503.

☐ Total of _____ forms are submitted

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